

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Section 7.3 Seclusion and Restraint Reporting

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7.3.1 Introduction

The use of seclusion and restraint can be a high-risk intervention that must be used only when less restrictive and less intrusive approaches have failed. Because of the high potential for injury, guidelines have been established to closely monitor the use of seclusion and restraint in Level I inpatient facilities licensed by the Office of Behavioral Health Licensure (OBHL).

This section is intended to describe seclusion and restraint reporting requirements for licensed Level I facilities authorized to use seclusion and restraint as a behavioral health intervention.

7.3.2 References

The following citations can serve as additional resources for this content area:

[R9-20-202](#)
[R9-20-602](#)
[R9-21-204](#)
[42 CFR 483.352](#)
[42 CFR 483.374](#)
[AHCCCS/ADHS Contract](#)
[ADHS/T/RBHA Contract](#)
[Reporting of Incidents, Accidents and Deaths Section](#)
[ADHS/DBHS Quality and Utilization Management Plan](#)
[ADHS/DBHS Quality Improvement Project: "Reducing Seclusion and Restraint"](#)

7.3.3 Scope

To whom does this apply?

To all T/RBHA contracted OBHL licensed Level I behavioral health facilities authorized to use seclusion and restraint.

7.3.4 Objectives

To establish reporting requirements regarding the use of seclusion and restraint.

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7.3.5 Did you know...?

- Each State has a designated protection and advocacy system. In Arizona, the Arizona Center for Disability Law serves as the designated protection and advocacy agency.
- Each T/RBHA is also required to collect certain aggregate data that compiles total seclusion and restraints for the reporting period, and forward that data to ADHS/DBHS.
- The Harvard University Center for Risks Analysis estimates that between 50 and 150 deaths occur as a result of restraint or seclusion every year across the country.
- Trauma associated with seclusion and restraint can trigger Post Traumatic Stress Disorder.

7.3.6 Definitions

[Drug used as a Restraint](#)

[Mechanical Restraint](#)

[Personal Restraint](#)

[Restraint](#)

[Seclusion](#)

7.3.6 Procedures

7.3.7-A. Reporting to the T/RBHA

Licensed Level I facilities authorized to use seclusion and restraint must report each occurrence of seclusion and restraint to the T/RBHA within five days of the end of the occurrence. The report must be submitted on [PM Form 7.3.1, Seclusion and Restraint Reporting-Level I Facilities](#).

Licensed Level I facilities must submit a report of the total number of occurrences of the use of seclusion and restraint that occurred in the prior month by the 5th calendar day of each month to the T/RBHA. If there were no occurrences of seclusion and/or restraint during the reporting period, the report should so indicate.

[T/RBHA insert specific language here, including where to send the total number of occurrences report and what form, if any has been developed to meet this requirement]

7.3.7-B. Reporting to the Office of Human Rights

Licensed Level I facilities authorized to use seclusion and restraint must report any occurrence of the use of seclusion and restraint with persons determined to have a serious mental illness or children to the Office of Human Rights by the 10th day of every month.

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The report must also be filed with the human rights committee for the T/RBHA associated with the facility.

7.3.7-C. Reporting to the Office of Behavioral Health Licensure

An OBHL licensed agency must notify OBHL within one working day of discovering a death or physical injury that requires medical services, including injuries or deaths of persons that occur as a result of a seclusion and/or restraint. This notification must be followed up by a written incident report within five days of initial notification. For more information regarding this subject, follow the guidelines in [Section 7.4. Reporting of Incidents, Accidents and Deaths](#).

7.3.7-D. Other reporting requirements

Because of the high-risk nature of seclusion and restraint interventions, it is possible that a person may be injured or that a “serious occurrence” may occur during a seclusion and restraint event. A serious occurrence includes a person’s death, a serious injury to a person and/or a suicide attempt by a person. OBHL licensed Level I behavioral health facilities are required to report any serious occurrences, including those that occur as a result of a seclusion and restraint event, to AHCCCS and The Arizona Center for Disability Law (see contact information below) no later than the close of business the next business day following the serious occurrence. In addition, in the case of a person’s death, the information must also be reported to the Center for Medicare and Medicaid Services (CMS) Regional Office. For more information regarding this subject, follow the guidelines in [Section 7.4. Reporting of Incidents, Accidents and Deaths](#).

Documentation that the reports of serious occurrences were made to AHCCCS, the Arizona Center for Disability Law and CMS (if applicable) and the names of the individuals who received the report at each entity must be included in the person’s comprehensive clinical record and in the incident/accident report log of the facility.

For reporting of serious occurrences:

AHCCCS

FAX Number (602) 417-4855-Attention DHCM Senior Clinical and Quality Consultant for Behavioral Health

The Arizona Center for Disability Law

FAX Number (602) 274-6779-Attention Ann Rider

CMS Regional Office (to report a death only)

FAX Number (415) 744-2692-Attention Mary Frances Colvin